

NOTIFICATION OF PERSONNEL ACTION - NONAPPROPRIATED FUNDS EMPLOYEE

For use of this form, see AR 215-3; the proponent agency is DCS, G1.

1. NAME (CAPS)(Last, first, MI, (Mr. or Ms.)		2. CITIZENSHIP (1 - U.S.; 2 - Non-U.S. Citizen; 3 - Local National)	3. DATE OF BIRTH (Yr, Mo, Day)	4. SSN
5. MILITARY STATUS (1 - ODM; 2 - Retired; 3 - None)		6. DEPENDENT STATUS (1 - Military; 2 - Civilian; 3 - None)	7a. SCD - LEAVE	7b. SCD - LS
8. VETERAN'S PREFERENCE? Y - YES N - NO		9. SPOUSE EMPLOYMENT PREFERENCE? Y - YES N - NO	10. FAIR LABOR STANDARD ACT (FLSA) (1 - Exempt; 2 - Nonexempt)	
11a. CODE		11b. NATURE OF ACTION (Including Employment Category)		
13. FROM (Position Title, Number, and Authorization)		14. PAY PLAN AND OCC. CODE	15a. GRADE OR PAY LEVEL	15b. STEP OR RATE (NA; NL; NS only)
17a. CODE/NAME AND LOCATION OF EMPLOYING NAFI		17b. STANDARD NAFI NUMBER		
18. TO (Position Title, Number, and Authorization)		19. PAY PLAN AND OCC. CODE	20a. GRADE OR PAY LEVEL	20b. STEP OR RATE (NA; NL; NS only)
22a. CODE/NAME AND LOCATION OF EMPLOYING NAFI		22b. STANDARD NAFI NUMBER		
23. DUTY STATION		24. LOCATION CODE		
25. REMARKS				
26. SERVICING CPO (Complete Address)		27. SIGNATURE (Or other authorization) AND TITLE		
		Designated Appointing Official		
		28. DATE		

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